

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

88

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		2061	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARTON COUNTY MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) NORA		b. (Middle) (NMI)		c. (Last) STAATS	
4. DATE OF DEATH		(Month) JAN		(Day) 19		(Year) 1951	
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH DEC 18 1874	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) HENRY COUNTY, MISSOURI O		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME JUDE HARNES		13b. MOTHER'S MAIDEN NAME SUSAN MOORE		14. NAME OF HUSBAND OR WIFE CHARLES N. STAATS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME MRS. EARL WAID, LAMAR, MO.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) high blood pressure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 Days 3 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) LAMAR (COUNTY) Barton (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 9, 1951, to Jan 19, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J.R. Guldner (Degree or title) M.D.		23b. ADDRESS LAMAR (Mo)		23c. DATE SIGNED Jan 20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 22: 1951		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) LAMAR, MO. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,		ADDRESS LAMAR, MO.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 22 1951
Dist. File 127-190
Date Filed 1-22-51

JUN 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4581 2247

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.